

1998 NCASE Exhibitor Contract



MAIL THIS FORM DIRECTLY TO:

EXHIBITS/NCASE, HQCAP, ATTENTION: FM DEPT., 105 SOUTH HANSELL STREET, MAXWELL AFB, AL 36112-6332

NAME (PLEASE PRINT) _____ TITLE _____

COMPANY NAME (AS IT SHOULD READ ON BOOTH SIGN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ -

TELEPHONE _____ FAX _____ E-MAIL _____

NOTE: TWO CONFERENCE REGISTRATIONS ARE INCLUDED WITH BOOTH PRICES. CONFERENCE REGISTRATIONS WILL BE ASSIGNED TO THE NAMES BELOW.

NAME FOR EXHIBIT BADGES/CONFERENCE REGISTRATIONS (PLEASE PRINT)

(1) _____ (2) _____

ADDITIONAL EXHIBIT HALL PASSES MAY BE OBTAINED FOR \$30.00 EACH.

METHOD OF PAYMENT: CHECK ENCLOSED \$ _____ AMOUNT MAKE CHECKS PAYABLE TO: NATIONAL HEADQUARTERS CIVIL AIR PATROL / NCASE '98

NOTE: CREDIT CARD USERS MAY FAX TO: HQCAP/FM, 334-953-6777

CREDIT CARD _____ VISA _____ MASTER CARD _____ CARD NUMBER _____ EXPIRATION DATE _____

AMOUNT FOR CHARGE _____ CARD HOLDER (PLEASE PRINT NAME) _____

SIGNATURE _____

ARE YOU INTERESTED IN OFFERING DOOR PRIZES TO ATTENDEES? IF YES, WHAT ITEM(S)? _____

ARE YOU A MEMBER OF THE NATIONAL COALITION FOR AVIATION EDUCATION (NCAE) _____ YES _____ NO

DOES YOUR COMPANY HAVE A HOMEPAGE ON THE WWW? WRITE YOUR THE URL HERE: _____

PLEASE PRINT CLEARLY A BRIEF, 20 WORD DESCRIPTION OF YOU ORGANIZATION FOR PROMOTIONAL PURPOSES:

